STATEMENT OF ECONOMIC INTERESTS

Contents

Instructions1
Definitions and Explanatory Material
Statement of Economic Interests
Affirmation4
Schedule A Offices and Directorships5
Schedule B Personal Liabilities
Schedule C Securities
Schedule D Payments for Talks, Meetings, and Publications
Schedule E Gifts
Schedule F-1 Business Interests
Schedule F-2 Lobbyist Relationships and Payments
Schedule G-1 Payments for Representation by You
Schedule G-2 Payments for Representation by Associates
Schedule G-3 Payments for Representation Generally and Other Services
Schedule H Real Estate
Schedule I Real Estate Contracts with State Governmental Agencies

Instructions

Members of the General Assembly and candidates for such office are REQUIRED to complete and file the "Statement of Economic Interests" form.

Schedules A through I are to be completed ONLY if you answer "Yes" to any of items 1 through 10 on the Statement of Economic Interests. The schedules in this book are removable. Complete and return only those schedules which are applicable to you.

Filing deadline for members of the General Assembly is January 8th of each year. Candidates for the General Assembly must comply with §§ 24.2-500 through 24.2-503 and 30-110 of the Code of Virginia.

NOTE: The "Affirmation" on the Statement of Economic Interests MUST be completed in the presence of a Notary Public.

DEFINITIONS AND EXPLANATORY MATERIAL

"IMMEDIATE FAMILY" means (i) a spouse and (ii) any other person residing in the same household as the legislator, who is a dependent of the legislator or of whom the legislator is a dependent.

"DEPENDENT" means any person, whether or not related by blood or marriage, who receives from the legislator, or provides to the legislator, more than onehalf of his financial support.

"BUSINESS" means a corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, trust or foundation, or any other individual or entity carrying on a business or profession, whether or not for profit.

"CLOSE FINANCIAL ASSOCIATION" means an association in which the filer shares significant financial involvement with an individual and the filer would reasonably be expected to be aware of the individual's business activities and would have access to the necessary records either directly or through the individual. "Close financial association" does not mean an association based on (i) the receipt of retirement benefits or deferred compensation from a business by which the legislator is no longer employed, or (ii) the receipt of compensation for work performed by the legislator as an independent contractor of a business that represents an entity before any state governmental agency when the legislator had has communications with the state governmental agency.

"CONTINGENT LIABILITY" means a liability that is not presently fixed or determined, but may become fixed or determined in the future with the occurrence of some certain event.

"GIFT" means any gratuity, favor, discount, entertainment, hospitality, loan, forbearance, or other item having monetary value. It includes services as well as gifts of transportation, local travel, lodgings and meals, whether provided in-kind, by purchase of a ticket, payment in advance or reimbursement after the expense has been incurred. "Gift" shall not include any offer of a ticket or other admission or pass unless the ticket, admission, or pass is used. "Gift" shall not include honorary degrees and presents from relatives. "Relative" means the donee's spouse, child, uncle, aunt, niece, or nephew; a person to whom the donee is engaged to be married; the donee's or his spouse's parent, grandparent, grandchild, brother, or sister; or the donee's brother's or sister's spouse.

"LOBBYIST RELATIONSHIP" means (i) an engagement, agreement, or representation that relates to legal services, consulting services, or public

relations services, whether gratuitous or compensation, between a member or member-elect and any person who is, or has been within the prior calendar year, registered as a lobbyist with Secretary of the Commonwealth, or (ii) a greater than three percent ownership interest by a member or member-elect in a business that employs, or engages as an independent contractor, any person who is, or has been within the prior calendar year, registered as a lobbyist with the Secretary of the Commonwealth. The disclosure of a lobbyist relationship shall not (i) constitute a waiver of any attorney-client or other privilege, (ii) require a waiver of any attorney-client or other privilege for a third party, or (iii) be required where a member or member-elect is employed or engaged by a person and such person also employs or engages a person in a lobbyist relationship so long as the member or member-elect has no financial interest in the lobbyist relationship.

TRUST. If you or your immediate family, separately or together, are the only beneficiaries of a trust, treat the trust's assets as if you own them directly. If you or your immediate family has a proportional interest in a trust, treat that proportion of the trust's assets as if you own them directly. For example, if you and your immediate family have a one-third interest in a trust, complete your Statement as if you own one-third of each of the trust's assets. If you or a member of your immediate family created a trust and can revoke it without the beneficiaries' consent, treat its assets as if you own them directly.

REPORT TO THE BEST OF INFORMATION AND BELIEF. Information required on this Statement must be provided on the basis of the best knowledge, information and belief of the individual filing the Statement as of the date of this report unless otherwise stated.

GENERAL ASSEMBLY MEMBERS AND CANDIDATES SHOULD RETURN COMPLETED FORMS TO THE CLERK OF THE APPROPRIATE HOUSE.

Senate Clerk's Office P.O. Box 396 Richmond, Virginia 23218

House Clerk's Office P.O. Box 406 Richmond, Virginia 23218

STATEMENT OF ECONOMIC INTERESTS A B C D E F-1 F-2 G-1 G-2 G-3 H I NAME OFFICE OR POSITION HOUSE OF DELEGATES SENATE STREET HOME ADDRESS CITY STATE CITY STATE CITY STATE CITY STATE COMPLETE ITEMS 1 THROUGH 10. REFER TO SCHEDULES ONLY IF DIRECTED. You additional explanatory information. 1. OFFICES AND DIRECTORSHIPS Are you or a member of your immediate family a paid officer or paid director of a business? If yes is checked, complete Schedule A. 2. PERSONAL LIABILITIES Do you or a member of your immediate family owe more than \$10,000 to any one creditor including conting liabilities? (Exclude debts to any government and loans secured by recorded liens on property at least equal in value to loan.) If yes is checked, complete Schedule B. 3. SECURITIES Do you or a member of your immediate family, directly or indirectly, separately or together, own securities value excess of \$10,000 invested in one business? Account for mutual funds, limited partnerships and trusts. Complete Schedule C. 4. PAYMENTS FOR TALKS, MEETINGS, AND PUBLICATIONS During the past 12 months did you receive lodging, transportation, money, or anything else of value with a combivable exceeding \$200 for a single talk, meeting, or published work in your capacity as a legislator? Complete Schedule D. 5. GIFTS During the past 12 months did a business, government, or individual other than a relative or personal friend (i) furnish	Only
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with any gift or entertainment at a single event, and the value received by you exceeded \$50 in value or (ii) furnish with gifts or entertainment in any combination and the value received by you exceeded \$100 in total value; and for wl you neither paid nor rendered services in exchange? Account for entertainment events only if the average value per per attending the event exceeded \$50 in value. Account for all business entertainment (except if related to your priprofession or occupation) even if unrelated to your official duties.	ou ch YES NO on
If yes is checked, complete Schedule E.	
6. SALARY AND WAGES	
List each employer that pays you or a member of your immediate family salary or wages in excess of \$10,000 annua (Exclude state or local government or advisory agencies.)	
If no reportable salary or wages, check here.	y.

7. BUSINESS INTERESTS AND LOBBYIST RELATIONSHIPS		
7A. Do you or a member of your immediate family, separately or together, operate your own business, or own or control an interest in excess of \$10,000 in a business?	YES	NO
If yes is checked, complete Schedule F-1.	1123	NO
7B. Do you have a lobbyist relationship as that term is defined above?		
If yes is checked, complete Schedule F-2.	YES	NO
8. PAYMENTS FOR REPRESENTATION AND OTHER SERVICES 8A. Did you represent any businesses before any state governmental agencies, excluding courts or judges, for which you received total compensation during the past 12 months in excess of \$1,000, excluding compensation for other services to such businesses and representation consisting solely of the filing of mandatory papers and subsequent representation regarding the mandatory papers?	YES	NO
If yes is checked, complete Schedule G-1.		
8B . Subject to the same exceptions as in 8A, did persons with whom you have a close financial association (partners, associates or others) represent any businesses before any state governmental agency for which total compensation was received during the past 12 months in excess of \$1,000?	YES	NO
If yes is checked, complete Schedule G-2.		
8C. Did you or persons with whom you have a close financial association furnish services to businesses operating in Virginia pursuant to an agreement between you and such businesses, or between persons with whom you have a close financial association and such businesses for which total compensation in excess of \$1,000 was received during the past 12 months?	YES	NO
If yes is checked, complete Schedule G-3.		
9. REAL ESTATE Do you or a member of your immediate family hold an interest, including a partnership interest, valued at \$10,000 or more in real property (other than your principal residence) for which you have not already listed the full address on Schedule F? Account for real estate held in trust.	YES	NO
If yes is checked, complete Schedule H.		
10. REAL ESTATE CONTRACTS WITH STATE GOVERNMENTAL AGENCIES		
Do you or a member of your immediate family hold an interest valued at more than \$10,000 in real estate, including a corporate, partnership, or trust interest, option, easement, or land contract, which real estate is the subject of a contract, whether pending or completed within the past 12 months, with a state governmental agency? If the real estate contract provides for the leasing of the property to a state governmental agency, do you or a member of your immediate family hold an interest in the real estate, including a corporate, partnership, or trust interest, option, easement, or land contract valued at more than \$1,000? Account for all such contracts whether or not your interest is reported in Schedule F or H. This requirement to disclose an interest in a lease does not apply to an interest derived through an ownership interest in a business unless the ownership interest exceeds three percent of the total equity of the business.	YES	NO
If yes is checked, complete Schedule I.		
This Statement of Economic Interests is open for public inspection.		
NOTE: You MUST sign the following "Affirmation" in the presence of a Notary Public. The Notary is to acknowledgment portion of the "Affirmation." AFFIRMATION	comple	ete the
In accordance with the rules of the house in which I [may] serve, if I receive a request that this disclosure	statem	ent he
corrected, augmented, or revised in any respect, I hereby pledge that I shall respond promptly to the request. I un if a determination is made that the statement is insufficient, I will satisfy such request or be subjected to disciplin my house.	derstar	nd that
I swear or affirm that the foregoing information is full, true and correct to the best of my knowledge.		
Signature of Member/Member-elect/Candida COMMONWEALTH OF VIRGINIA	ie	

Signature of Member/Member-elect/Candidate

COMMONWEALTH OF VIRGINIA

______ of ______ to wit:

(City/County) (Name of City/County)

The foregoing disclosure form was acknowledged before me this ______ day of _______, 20_____,

by______ (Name of Member/Member-elect/Candidate)

Notary Public

My commission expires: ______

SCHEDULE A OFFICES AND DIRECTORSHIPS

NAME: Identify each business of which you or a member of your immediate family is a paid officer or paid director.				

SCHEDULE B PERSONAL LIABILITIES

NAME:

Report personal liability by checking each category. Report only debts in excess of \$10,000. Do not report debts to any government. Do not report loans secured by recorded liens on property at least equal in value to the loan.

Report contingent liabilities below and indicate which debts are contingent.

1. My personal debts are as follows:

Banks Savings institutions Other loan or finance companies Insurance companies Stock, commodity or other brokerage companies Other businesses: (State principal business activity for each creditor.)		
Other loan or finance companies Insurance companies Stock, commodity or other brokerage companies Other businesses:		
Insurance companies Stock, commodity or other brokerage companies Other businesses:		
Stock, commodity or other brokerage companies Other businesses:		
Other businesses:		
(State principal business activity for each creditor.)		
Individual creditors: (State principal business or occupation of each creditor.)		
2. The personal debts of the members of my immediate family are as follows:		
CHECK APPROPRIATE CATEGORIES	\$10,001 to \$50,000	ONE MORE THAN \$50,000

Savings institutions

Other loan or finance companies

Insurance companies

Stock, commodity or other brokerage companies

SCHEDULE B

PERSONAL LIABILITIES (continued)

CHECK APPROPRIATE CATEGORIES	\$10,001 to \$50,000	E MORE THAN \$50,000
Other businesses: (State principal business activity for each creditor.)		
Individual creditors: (State principal business or occupation of each creditor.)		
(Return only if needed to complete Statement.)	 RET	URN TO ITEM 3

SCHEDULE C SECURITIES

NAME:

"SECURITIES" INCLUDES stocks, bonds, mutual funds, limited partnerships, and commodity futures contracts.

"SECURITIES" EXCLUDES certificates of deposit, money market funds, annuity contracts, and insurance policies.

Identify each business or Virginia governmental entity in which you or a member of your immediate family, directly or indirectly, separately or together, own securities valued in excess of \$10,000. Name each entity and type of security individually.

Do not list organizations that do not do business in this Commonwealth, but most major businesses conduct business in Virginia. Account for securities held in trust.

Do not list U.S. Bonds or other government securities not issued by the Commonwealth of Virginia or its authorities, agencies, or local governments.

If no reportable securities, check here.

				CHECK ONE	
NAME OF ISSUER	TYPE OF ENTITY	TYPE OF SECURITY (STOCKS, BONDS, MUTUAL FUNDS, ETC.)	\$10,001 to \$50,000	\$50,001 to \$250,000	MORE THAN \$250,000
			<u></u>		
			<u> </u>		
			<u> </u>		
			<u></u>		
			<u> </u>		
			<u> </u>		

(Return with Statement.) RETURN TO ITEM 4

SCHEDULE D

PAYMENTS FOR TALKS, MEETINGS, AND PUBLICATIONS

NAME:

List each source from which you received during the past 12 months lodging, transportation, money, or any other thing of value (excluding meals or drinks coincident with a meeting) with combined value exceeding \$200 for your presentation of a single talk, participation in one meeting, or publication of a work in your capacity as a legislator.

List payments or reimbursements by the Commonwealth only for meetings or travel outside the Commonwealth.

List a payment even if you donated it to charity.

Do not list information about a payment:

- if you returned it within 60 days or
- if you received it from an employer already listed under Item 6 or from a source of income listed on Schedule F.

If no payment must be listed, check here.

PAYER	APPROXIMATE VALUE	CIRCUMSTANCES	TYPE OF PAYMENT (e.g., HONORARIA, TRAVEL REIMBURSEMENT, ETC.)

(Return with Statement.) RETURN TO ITEM 5

SCHEDULE E GIFTS

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List each business, governmental entity, or individual that, during the past 12 months, (i) furnished you with any gift or entertainment at a single event and the value received by you exceeded \$50 in value, or (ii) furnished you with gifts or entertainment in any combination and the value received by you exceeded \$100 in total value; and for which you neither paid nor rendered services in exchange.

List each such gift or event. Do not list entertainment events unless the average value per person attending the event exceeded \$50 in value.

Do not list business entertainment related to your private profession or occupation.

Do not list gifts or other things of value given by a relative or personal friend for reasons clearly unrelated to your public position.

Do not list campaign contributions publicly reported as required by Chapter 9.3 (§ 24.2-945 et seq.) of Title 24.2 of the Code of Virginia.

NAME OF BUSINESS, ORGANIZATION, OR INDIVIDUAL	CITY OR COUNTY AND STATE	GIFT OR EVENT	APPROXIMATE VALUE

SCHEDULE F-1 BUSINESS INTERESTS

T			-
N	А	V	HH):

Complete this Schedule for each self-owned or family-owned business (including rental property, a farm, or consulting work), partnership, or corporation in which you or a member of your immediate family, separately or together, own an interest having a value in excess of \$10,000.

If the enterprise is owned or operated under a trade, partnership, or corporate name, list that name; otherwise, merely explain the nature of the enterprise. If rental property is owned or operated under a trade, partnership, or corporate name, list the name only; otherwise, give the address of each property. Account for business interests held in trust.

				GROSS INCOM	E
NAME OF BUSINESS, CORPORATION, PARTNERSHIP, FARM; ADDRESS OF RENTAL PROPERTY	CITY OR COUNTY AND STATE	NATURE OF ENTERPRISE (FARMING, LAW, RENTAL PROPERTY, ETC.)	\$50,000 OR LESS	\$50,001 to \$250,000	MORE THAN \$250,000
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(Return only if needed to complete Statement.)

RETURN TO ITEM 8

Statement of Economic Interests

SCHEDULE F-2 LOBBYIST RELATIONSHIPS AND PAYMENTS

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Complete this Schedule for each lobbyist relationship with the following:

- (i) any person who is, or has been within the prior calendar year, registered as a lobbyist with the Secretary of the Commonwealth, or
- (ii) any business in which you have a greater than three percent ownership interest and that business employs, or engages as an independent contractor, any person who is, or has been within the prior calendar year, registered as a lobbyist with the Secretary of the Commonwealth.

DESCRIBE EACH	DATES OF	PAYMENTS	TO LOBBYIST
RELATIONSHIP	RELATIONSHIP	\$10,000 OR LESS	MORE THAN \$10,001

THE DISCLOSURE OF A LOBBYIST RELATIONSHIP SHALL NOT (I) CONSTITUTE A WAIVER OF ANY ATTORNEY-CLIENT OR OTHER PRIVILEGE, (II) REQUIRE A WAIVER OF ANY ATTORNEY-CLIENT OR OTHER PRIVILEGE FOR A THIRD PARTY, OR (III) BE REQUIRED WHERE A MEMBER OR MEMBER-ELECT IS EMPLOYED OR ENGAGED BY A PERSON AND SUCH PERSON ALSO EMPLOYS OR ENGAGES A PERSON IN A LOBBYIST RELATIONSHIP SO LONG AS THE MEMBER OR MEMBER-ELECT HAS NO FINANCIAL INTEREST IN THE LOBBYIST RELATIONSHIP.

(Return only if needed to complete Statement.)

Statement of Economic Interests

SCHEDULE G-1 PAYMENTS FOR REPRESENTATION BY YOU

NAME:

List the businesses you represented before any state governmental agency, excluding any court or judge, for which you received total compensation during the past 12 months in excess of \$1,000, excluding compensation for other services to such businesses and representation consisting solely of the filing of mandatory papers and subsequent representation regarding the mandatory papers filed by you.

Identify each business, the nature of the representation and the amount received by dollar category from each such business. You may state the type, rather than name, of the business if you are required by law not to reveal the name of the business represented by you.

TYPE OF BUSINESS	PURPOSE OF REPRESENTATION	NAME OF AGENCY	\$1,001 to \$10,000	\$10,001 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$250,000	\$250,001 and over
			_				
			_				
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	TYPE OF BUSINESS			TYPE OF BUSINESS PURPOSE OF NAME OF AGENCY to	TYPE OF BUSINESS PURPOSE OF NAME OF AGENCY to to	\$1,001 \$10,001 \$50,001 TYPE OF BUSINESS PURPOSE OF NAME OF AGENCY to to to	TYPE OF BUSINESS PURPOSE OF NAME OF AGENCY to to to to

If you have received \$250,001 or more from a single business within the reporting period, indicate the amount received, rounded to the nearest \$10,000.

Statement of Economic Interests

SCHEDULE G-2

PAYMENTS FOR REPRESENTATION BY ASSOCIATES

NAME:

List the businesses that have been represented before any state governmental agency, excluding any court or judge, by persons who are your partners, associates, or others with whom you have a close financial association and who received total compensation in excess of \$1,000 for such representation during

the past 12 months, excluding representation consisting solely of the filing of

mandatory papers and subsequent representation regarding the mandatory papers filed by your partners, associates or others with whom you have a close financial association.

Identify such businesses by type and also name the state governmental agencies before which such person appeared on behalf of such businesses.

TYPE OF BUSINESS	NAME OF STATE GOVERNMENTAL AGENCY

(Return only if needed to complete Statement.)

Statement of Economic Interests

SCHEDULE G-3

PAYMENTS FOR REPRESENTATION AND OTHER SERVICES GENERALLY

NAME:

Indicate below types of businesses that operate in Virginia to which services were furnished by you or persons with whom you have a close financial association pursuant to an agreement between you and such businesses, or between persons with whom you have a close financial association and such businesses and for which total compensation in excess of \$1,000 was received during the past 12 months.

Identify opposite each category of businesses listed below (i) the type of business, (ii) the type of service rendered and (iii) the value by dollar category of the compensation received for all businesses falling within each category.

	CHECK IF	TYPE OF		VALUE O	F COMPENSA	SATION	
BUSINESS CATEGORY	SERVICES WERE RENDERED	SERVICE RENDERED	\$1,001 to \$10,000	\$10,001 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$250,000	\$250,001 and over
Electric utilities			_				
Gas utilities			_				
Telephone utilities	_		_				
Water utilities			_				
Cable television companies							
Interstate transportation companies							
Intrastate transportation companies							
Oil or gas retail companies							
Banks							
Savings institutions							
Loan or finance companies							
Manufacturing companies							
(state type of product, e.g., textile, furniture, etc.)	<u> </u>		_				
Mining companies			_				
Life insurance companies			_				
Casualty insurance companies							
			_		(Co	ontinued on n	ext page)

SCHEDULE G-3

PAYMENTS FOR REPRESENTATION AND OTHER SERVICES GENERALLY (continued)

	CHECK IF	TYPE OF		VALUE O	F COMPENSA	TION	
BUSINESS CATEGORY	SERVICES	SERVICE	\$1,001	\$10,001	\$50,001	\$100,001	\$250,001
	WERE RENDERED	RENDERED	to \$10,000	to \$50,000	to \$100,000	to \$250,000	and over
Other insurance companies				, , , , , ,	,	/	
Retail companies							
Beer, wine or liquor companies or distributors							
Trade associations							
Professional associations							
Associations of public employees or officials							
Counties, cities or towns							
Labor organizations							
Other							
Return only if needed to complete Sta	tement.)					RETUR	N TO ITE

SCHEDULE H REAL ESTATE

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List real estate other than your principal residence in which you or a member of your immediate family holds an interest, including a partnership interest, option,

easement, or land contract, valued at 10,000 or more. You may list each parcel of real estate individually if you wish.

LIST EACH LOCATION (STATE, AND COUNTY OR CITY) WHERE YOU OWN REAL ESTATE.	DESCRIBE THE TYPE OF REAL ESTATE YOU OWN IN EACH LOCATION (BUSINESS, RECREATIONAL, APARTMENT, COMMERCIAL, OPEN LAND, ETC.).	IF THE REAL ESTATE IS OWNED OR RECORDED IN A NAME OTHER THAN YOUR OWN, LIST THAT NAME.

Statement of Economic Interests

SCHEDULE I

REAL ESTATE CONTRACTS WITH STATE GOVERNMENTAL AGENCIES

NAME:

List all contracts, whether pending or completed within the past 12 months, with a state governmental agency for the sale or exchange of real estate in which you or a member of your immediate family holds an interest, including a corporate, partnership or trust interest, option, easement, or land contract, valued at \$10,000 or more. List all contracts with a state

governmental agency for the lease of real estate in which you or a member of your immediate family holds such an interest valued at \$1,000 or more. This requirement to disclose an interest in a lease does not apply to an interest derived through an ownership interest in a business unless the ownership interest exceeds three percent of the total equity of the business.

LIST YOUR REAL ESTATE INTEREST AND THE PERSON OR ENTITY, INCLUDING THE TYPE OF ENTITY, WHICH IS PARTY TO THE CONTRACT. DESCRIBE ANY MANAGEMENT ROLE AND THE PERCENTAGE OWNERSHIP INTEREST YOU OR YOUR IMMEDIATE FAMILY MEMBER HAS IN THE REAL ESTATE OR ENTITY.	LIST EACH STATE GOVERNMENTAL AGENCY WHICH IS A PARTY TO THE CONTRACT AND INDICATE THE COUNTY OR CITY WHERE THE REAL ESTATE IS LOCATED.	STATE THE ANNUAL INCOME FROM THE CONTRACT, AND THE AMOUNT, IF ANY, OF INCOME YOU OR ANY IMMEDIATE FAMILY MEMBER DERIVES ANNUALLY FROM THE CONTRACT.

(Return only if needed to complete Statement.)